

State of Missouri

Application for Authority to Operate

Completeness Checklist

FORM OP - F02

COMPLETENESS CHECKLIST

Section F

Facility Name	County No.	Plant No.	Year Submitted
Put a check mark - <input checked="" type="checkbox"/> - on the Checklist Line Number after completion of each item and section.			
SECTION A - GENERAL APPLICATION INFORMATION			
<u>Part 1 - Facility Information</u> _____ Line 1: _____ Line 2: _____ Line 3: _____ Line 4: _____ Line 5: _____ Line 6: _____ Line 7: _____ Line 7: Completed _____	<u>Agency Use Only</u> Y: _____ N: _____ Y: _____ N: _____ Y: _____ N: _____ Y: _____ N: _____ Y: _____ N: _____ Y: _____ N: _____ Y: _____ N: _____ Y: _____ N: _____ Y: _____ N: _____ Y: _____ N: _____	<u>Information required for an administratively complete application</u> Facility Name, County Number, Plant Number, Year Submitted Facility Street Address, County Name City, State, Zip Code & Facility Phone Number Facility Mailing Address & Fax Number Facility Mailing Address & Fax Number City, State, Zip Code & Missouri Senatorial District Contact Person Name & Missouri Representative District Contact Person Title & Section, Township & Range Information	
<u>Part 2 - Parent Company Information</u> _____ Line 8: _____ Line 9: Completed _____	Y: _____ N: _____ Y: _____ N: _____ Y: _____ N: _____	Parent Company Name, Contact Person Name & Phone Number Parent Company Name, Contact Person Name & Phone Number	
<u>Part 3 & 4 - Type of Application</u> _____ Line 10: _____ Line 11: Completed _____	Y: _____ N: _____ Y: _____ N: _____ Y: _____ N: _____	Checked one type only Checked one type only	
<u>Part 5 - Applicant's Certification Statement</u> _____ Line 12: _____ Line 13: _____ Line 14: Completed _____	Y: _____ N: _____ Y: _____ N: _____ Y: _____ N: _____ Y: _____ N: _____	Signature of Responsible Company Official & Dated Type or Print Signer's Name Official Title of Signer & Signer's Telephone Number	
<u>Part 6 & 7 - Product & Process Information and 2 digit SIC</u> _____ Line 15: _____ Line 16: Completed _____	Y: _____ N: _____ Y: _____ N: _____ Y: _____ N: _____	Principle Product, and its 2 digit SIC Code. Process Type(s), and their 2 digit SIC Code(s).	
<u>Part 8 - Alternative Operating</u> _____ Line 17: Completed _____	Y: _____ N: _____ Y: _____ N: _____	Principle Product, and its 2 digit SIC Code. Answered Yes or No, Checked Appropriate Space.	

SECTION A - GENERAL APPLICATION INFORMATION**Part 9 - EIQ Submittal**

____ Line 18:

Y: ____ N: ____

____ Line 19:

Y: ____ N: ____ NA: ____

Completed ____

Y: ____ N: ____

Part 10 - Number and type of Forms Used For Each Product

____ Line 20:

Y: ____ N: ____

Completed ____

Y: ____ N: ____

Part 11 - Applicable Requirements

____ Line 21:

Y: ____ N: ____

Completed ____

Y: ____ N: ____

Answered Yes or No. If Yes, indicated date of most recent EIQ.

If No, Submitted the block checklist indicating the type and number of EIQ forms sent with application.

Submitted the block checklist indicating the type and number forms completed in this application for each major product type.

Submitted a list of Applicable Requirements that apply to this facility

SECTION B - EMISSIONS INVENTORY*Complete this section if you are required to submit two copies of EIQ with this application.***Part 1 - EIQ (Emissions Inventory Questionnaire)**

____ Line 22:

Y: ____ N: ____

____ Line 23:

Y: ____ N: ____ NA: ____

____ Line 24:

Y: ____ N: ____ NA: ____

Completed ____

Y: ____ N: ____

Submitted most recent EIQ with this Application.

Quantification of all emissions in tons per year.

Emission Points identified and descriptions detailed.

SECTION C - INSIGNIFICANT ACTIVITIES**Part 1 - Activities Not Required**

____ Line 25:

Y: ____ N: ____

____ Line 26:

Y: ____ N: ____ NA: ____

Completed ____

Y: ____ N: ____

Part 2 - Activities Required to

____ Line 27:

Y: ____ N: ____

____ Line 28:

Y: ____ N: ____ NA: ____

Completed ____

Y: ____ N: ____

Part 3 - List of Insignificant

____ Line 29:

Y: ____ N: ____

____ Line 30:

Y: ____ N: ____ NA: ____

____ Line 31:

Y: ____ N: ____ NA: ____

Completed ____

Y: ____ N: ____

Facility Name, County Number, Plant Number, Year Submitted.

Submitted a completed checklist..

Facility Name, County Number, Plant Number, Year Submitted.

Submitted a completed block checklist..

Facility Name, County Number, Plant Number, Year Submitted.

~~Emission Unit #, Number of Activities (Grouped), Pollutant(s) Emitted, Estimated Emissions (Tons/Yr).~~

Description of Activity

SECTION D - EMISSION UNIT INFORMATION		
Part 1 - Existing Plant -Wide Permit Conditions _____ Line 32: _____ Line 33: _____ Line 34: Completed _____	Agency Use Only Y: _____ N: _____ Y: _____ N: _____ NA: _____ Y: _____ N: _____ NA: _____ Y: _____ N: _____	Facility Name, County Number, Plant Number, Year Submitted. Permit No. and Applicable Permit Conditions are Listed. Compliance Demonstration Method and Description of Methods of Compliance is Provided.
Part 2 - Proposed Plant -Wide Permit Conditions _____ Line 35: _____ Line 36: _____ Line 37: Completed _____	Y: _____ N: _____ Y: _____ N: _____ NA: _____ Y: _____ N: _____ NA: _____ Y: _____ N: _____	Facility Name, County Number, Plant Number, Year Submitted. Any Proposed Plant-Wide Permit Conditions are Listed. Compliance Demonstration Method and Description of Methods of Compliance is Provided..
Part 3 - Emission Unit Information _____ Line 38: _____ Line 39: _____ Line 40: _____ Line 41: Completed _____	Y: _____ N: _____ Y: _____ N: _____ Y: _____ N: _____ Y: _____ N: _____ Y: _____ N: _____	Facility Name, County Number, Plant Number, Year Submitted. Emission Point No., Emission Unit No., Source Classification Code. Description of Unit, Manufacturer & Model NO., Date of Manufacture, Stack ID, Maximum Design Rate/Capacity Alternate Operating Scenario?, Total Maximum Design Rate/Capacity
Part 4 - Alternate Operating _____ Line 42: _____ Line 43: _____ Line 44: _____ Line 45: Completed _____	Y: _____ N: _____ NA: _____ Y: _____ N: _____ NA: _____ Y: _____ N: _____ NA: _____ Y: _____ N: _____ NA: _____ Y: _____ N: _____	Alternate Operating Scenario ID, SIC Code for Scenario. Description of Alternate Operating Scenario. Operational Flexibility ensure emissions trades among Emission Units in the facility made w/o permit revision are QUANTIFIABLE & ENFORCEABLE under 70.4(b)(12) Alternative Scenarios Identified & DO NOT REQUIRE Permit Revisions for: (Circle Appropriate Items) A) Facility Emissions Information B) Control Device Requirements C) Any Applicable Requirements D) Monitoring, Recordkeeping & Reporting Requirements E) Compliance Certification Requirements

SECTION D - EMISSION UNIT INFORMATION		
Part 5 - Voluntary Permit Conditions _____ Line 46: Completed _____	Agency Use Only Y: _____ N: _____ NA: _____ Y: _____ N: _____	Conditions Requested, Description, Limitation, Pollutant Controlled.
Part 6 - Applicable Requirements _____ Line 47: _____ Line 48: Completed _____	Y: _____ N: _____ Y: _____ N: _____ Y: _____ N: _____	Facility Name, County Number, Plant Number, Year Submitted Emission Point No., Emission Unit No. Pollutant, Applicable Requirement Authority, Emission Limit or Standard, Unit of Emission Limit or Standard, Compliance Determination Method.
Part 7 - Compliance Determination Methods _____ Line 49: _____ Line 50: _____ Line 51: _____ Line 52: _____ Line 53: _____ Line 54: _____ Line 55: _____ Line 56: Completed _____	Y: _____ N: _____ Y: _____ N: _____ Y: _____ N: _____ Y: _____ N: _____ Y: _____ N: _____ Y: _____ N: _____ Y: _____ N: _____ Y: _____ N: _____	Facility Name, County Number, Plant Number, Year Submitted Emission Point No., Emission Unit No. Applicable Requirement. Applicable Method and Basis of Compliance Method checked Test Method - Date, Test Method, Firm, Operating Conditions, Summary of Results. Recordkeeping - Parameter (Data) Being Recorded, Measurement Method, Frequency, Record Retention Period. Monitoring - Device Type, Location Description, Pollutant(s) Being Monitored. Monitoring - Sampling Frequency, Duration of sampling, How Data Will be Reported. Reporting - Reporting Requirement, Title of Report, Submittal Frequency.
SECTION E - COMPLIANCE CERTIFICATION		
Part 1 - Compliance Plan/Status _____ Line 57: _____ Line 58: Completed _____	Y: _____ N: _____ Y: _____ N: _____ Y: _____ N: _____	Facility Name, County Number, Plant Number, Year Submitted. Will facility be in compliance at time of permit issuance?

SECTION E - COMPLIANCE CERTIFICATION

If not in compliance at time of permit issuance complete the following:

____ Line 59:

Y: ____ N: ____

____ Line 60:

Y: ____ N: ____

____ Line 61:

Y: ____ N: ____

____ Line 62:

Y: ____ N: ____

____ Line 63:

Y: ____ N: ____

Completed ____

Y: ____ N: ____

Part 2 - Compliance Plan/Status

____ Line 64:

Y: ____ N: ____

Completed ____

Y: ____ N: ____

If not in compliance for future requirements complete the following:

____ Line 65:

Y: ____ N: ____ NA: ____

____ Line 66:

Y: ____ N: ____ NA: ____

Completed ____

Y: ____ N: ____

Part 3 - Compliance

____ Line 67:

Y: ____ N: ____

Completed ____

Y: ____ N: ____

Part 4 - Statement of Compliance with Enhanced Monitoring & Certification

____ Line 68:

Y: ____ N: ____

____ Line 69:

Y: ____ N: ____

Completed ____

Y: ____ N: ____

Part 5 - Certification of Compliance with All Applicable Requirements

____ Line 70:

Y: ____ N: ____

____ Line 71:

Y: ____ N: ____

Completed ____

Y: ____ N: ____

Named applicable requirement for which compliance is not achieved.

Described how compliance will be achieved with applicable requirement.

Give detailed schedule of compliance.

Frequency for submittal of progress reports.

Start date of submittal of progress reports

Will facility be in compliance with all applicable requirements taking effect during the term of the permit & meeting such requirements on a timely basis.

List of applicable requirements which will not be complied with during the term of the permit by the facility.

Give detailed schedule leading to compliance..

Frequency of Submittal schedule complete for permit and beginning date.

Statement of Compliance Answered Yes or No

If answer no then description given of requirements which are not being met

Certification of Compliance statement signed and dated by Responsible Official.

Typed or Printed Name on Statement.

Official Use Only

Reviewer's Signature

Date